

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591726

FILING DATE

04 APR 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		1				
5		1				
6		2				
7		2				
8		2				
9		2				
10		2				
11	/					
12	/					
13	/					
14		1				
15		1				
16		2				
17		2				
18		2				
19		2				
20		2				
21	/					
22	/					
23	/					
24		1				
25		1				
26		2				
27		2				
28		2				
29		2				
30		2				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43	/					
44		1				
45		1				
46		1				
47	/					
48	/					
49		1				
50		1				
TOTAL IND.	18	↓		↓		↓
TOTAL DEP.	62	←		←		←
TOTAL CLAIMS	80					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	/					
53		1				
54		1				
55		1				
56	/					
57	/					
58	/					
59		3				
60	/					
61		1				
62	/					
63		1				
64						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						